

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13779

FILED  
Jan 31, 2011  
Secretary of State

Entity Name: VALUE PARTNERS, INC.

**Current Principal Place of Business:**

880 CARILLON PKWY  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

880 CARILLON PKWY  
DEPT. 05485  
ST. PETERSBURG, FL 33716 US

**Current Mailing Address:**

880 CARILLON PKWY  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

880 CARILLON PKWY  
DEPT. 05485  
ST. PETERSBURG, FL 33716 US

FEI Number: 59-3081287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DINER, RONALD M  
Address: 880 CARILLON PARKWAY - DEPT. 20485  
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: ST  
Name: HUMPHREYS, SANDRA C  
Address: 880 CARILLON PKWY - DEPT. 05485  
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: DVP  
Name: MATTHEWS, TONI  
Address: 880 CARILLON PKWY - DEPT. 05485  
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: DVP  
Name: KROPF, STEVEN J  
Address: 880 CARILLON PKWY - DEPT. 20485  
City-St-Zip: ST. PETERSBURG, FL 33716 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TONI MATTHEWS

DVP

01/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date